

ABOUT THE DECISION AID
*Is Lung Cancer Screening Right for Me? A Decision Aid for People Considering
 Lung Cancer Screening With Low-Dose Computed Tomography*

Program Overview

Lung cancer is the second most common cancer and the leading cause of cancer deaths in the United States. Because of its strong link to tobacco use, lung cancer is the most preventable form of cancer death.

In June 2011, the National Lung Screening Trial (NLST) published its primary result: for people 55 to 74 years of age who smoked heavily at the time of the study or who used to smoke heavily, 20-percent fewer lung cancer deaths were observed among those who received low-dose computed tomography (LDCT) rather than standard chest x-rays for screening.

This decision aid Web site, *Is Lung Cancer Screening Right for Me? A Decision Aid for People Considering Lung Cancer Screening With Low-Dose Computed Tomography*, helps high-risk smokers and their primary health care providers make informed decisions about referral for lung cancer screening with LDCT. Patient decision aids, such as this one, are designed to support decisionmaking and patient involvement when making complex decisions.

The decision aid is part of a multicomponent resource to support informed shared decisionmaking about lung cancer screening with LDCT. These additional components include lung cancer screening tools in the following formats:

- A Clinician and Evidence Summary, which provides a brief summary of the results from the NLST, possible benefits and harms of lung cancer screening with LDCT, insurance coverage, and talking points.
- An Encounter Tool, which is designed to be used by both the patient and health care professional during the clinical encounter to facilitate a shared-decisionmaking visit.
- A Clinician Checklist, which is designed for the health care professional and his or her clinical staff to meet Medicare criteria for lung cancer screening with LDCT.

Educational Content

This decision aid is designed to better prepare high-risk smokers to participate in decisionmaking with their health care professional regarding lung cancer screening with LDCT. The program covers the following:

- The facts about lung cancer, including the number of people diagnosed with lung cancer in the United States each year, the number of people who die from lung cancer in the United States each year, and possible signs and symptoms of lung cancer.
- Information about lung cancer screening, including what lung cancer screening with LDCT involves, what the benefits and harms of LDCT are, the magnitude of the possible benefits and harms of LDCT, insurance coverage of LDCT, and what to discuss with the health care professional.

Target Audience

The patient decision aid is designed to meet the educational needs of English-speaking adult men and women who are high-risk smokers and are considering lung cancer screening with LDCT. Additionally, Spanish translations of the Lung Cancer Screening Patient Decision Aid and the Lung Cancer Screening Encounter Tool are available on AHRQ's Effective Health Care Program Web site. The intervention provides consumers and health care professionals with tools designed specifically to increase patients' understanding of the risks and benefits of lung cancer screening, to enhance the shared decisionmaking process with their health care professional, and to align decisions with the values and goals of the patient.

Method of Participation

The program content is presented as a multicomponent implementation toolkit using a variety of visual formats, including graphics and text. The toolkit components include materials for clinicians and consumers to use before, during, and after the shared decisionmaking visit. The toolkit components are downloadable as PDF documents and are also available to order through the AHRQ Publications Clearinghouse. Call toll-free at 800-358-9295 or email AHRQpubs@ahrq.hhs.gov.

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Application of IPDAS Standards for Development of the Patient Decision Aid

The original version of the International Patient Decision Aid Standards (IPDAS) Collaboration checklist was developed by following the two-stage Delphi consensus process, involving decision aid developers, researchers, practitioners, patients, and policymakers as participants. The IPDAS standards do not apply to the other components of the toolkit.

Different versions of the IPDAS checklist have been developed since the original checklist was introduced. The approach, used by the Ottawa Hospital Research Institute, was adopted by The John M. Eisenberg Center for Clinical Decisions and Communications Science at Baylor College of Medicine (EC) (Houston, TX) as quality standards for patient decision aids. Briefly, the Ottawa Hospital Research Institute identified an abbreviated set of criteria from the checklist, retaining only those criteria for which the median importance rating was 9 on a 9-point scale (30 criteria total). In other words, only those criteria for which the voting panel achieved consensus have been retained. This abbreviated version is listed below, organized by the following categories: content items (Table 1), development process items (Table 2), and effectiveness items (Table 3). The tables presented in the following pages include a checklist of these standards that indicates whether components of the patient decision aid, *Is Lung Cancer Screening Right for Me? A Decision Aid for People Considering Lung Cancer Screening With Low-Dose Computed Tomography*, includes the criteria identified. In some instances, those standards are not applicable as indicated.

Table 1. Abbreviated IPDAS Checklist: Content Items

	IPDAS Checklist Criteria: CONTENT	Yes	No	N/A	Comments
01	The decision aid describes the condition (health or other) related to the decision.	Y			
02	The decision aid describes the decision that needs to be considered (the index decision).	Y			
03	The decision aid lists the options (health care or other).	Y			
04	The decision aid describes what happens in the natural course of the condition (health or other) if no action is taken.	Y			
05	The decision aid has information about the procedures involved (e.g., what is done before, during, and after the health care option).	Y			
06	The decision aid has information about the positive features of the options (e.g., benefits, advantages).	Y			
07	The decision aid has information about negative features of the options (e.g., harms, side effects, disadvantages).	Y			
08	The information about outcomes of options (positive and negative) includes the chances they may happen.	Y			
09	The decision aid has information about what the test is designed to measure.	Y			
10	The decision aid describes possible next steps based on the test results.	Y			
11	The decision aid has information about the chances of disease being found with and without screening.	Y			
12	The decision aid has information about detection and treatment of disease that would never have caused problems if screening had not been done.	Y			
13	The decision aid presents probabilities using event rates in a defined group of people for a specified time.	Y			

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	IPDAS Checklist Criteria: CONTENT	Yes	No	N/A	Comments
14	The decision aid compares probabilities (e.g., the chance of a disease, benefit, harm, or side effect) of options using the same denominator.	Y			
15	The decision aid compares probabilities of options over the same period of time.	Y			
16	The decision aid uses the same scales in diagrams comparing options.	Y			
17	The decision aid asks people to think about which positive and negative features of the options matter most to them.	Y			
18	The decision aid makes it possible to compare the positive and negative features of the available options.	Y			
19	The decision aid shows the negative and positive features of the options with equal detail.	Y			

Table 2. Abbreviated IPDAS Checklist: Development Process Items

	IPDAS Checklist Criteria: DEVELOPMENT PROCESS	Yes	No	N/A	Comments
20	Users (people who previously faced the decision) were asked what they need to prepare them to discuss a specific decision.	Y			
21	The decision aid was reviewed by people who previously faced the decision and were not involved in its development and field-testing.	Y			
22	People who were facing the decision field-tested the decision aid.		N		Field-testing was conducted with high-risk smokers who were eligible for lung cancer screening but were not explicitly seeking screening.
23	Field-testing showed that the decision aid was acceptable to users (the general public and health care practitioners).	Y			
24	Field-testing showed that people who were undecided felt that the information was presented in a balanced way.		N		Field-testing was conducted with high-risk smokers who were eligible for lung cancer screening but were not explicitly seeking screening.
25	The decision aid provides references to the scientific evidence used.	Y			
26	The decision aid reports the date when it was last updated.	Y			The date when the decision aid was last updated is in this document.
27	The decision aid reports whether authors of the decision aid or their affiliations stand to gain or lose by choices people make after using the decision aid.	Y			Included in this document.
28	The decision aid is understood by those with limited reading skills.	Y			Plain language editing was completed for this decision aid. The estimated reading level is between the 6th and 7th grade.

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Table 3. Abbreviated IPDAS Checklist: Effectiveness Items

	IPDAS Checklist Criteria: EFFECTIVENESS	Yes	No	N/A	Comments
29	Evidence shows that the decision aid (or one based on the same template) helps people know about the available options and their features.			N/A	The effectiveness of the decision aid has not yet been evaluated.
30	Evidence shows that the decision aid (or one based on the same template) improves the match between the features that matter most to the informed person and the option that is chosen.			N/A	The effectiveness of the decision aid has not yet been evaluated.

N/A = Not Applicable

Disclaimer

The content provided in the patient decision aid program does not replace the advice of a doctor. The John M. Eisenberg Center for Clinical Decisions and Communications Science at Baylor College of Medicine (EC), which is funded by the Agency for Healthcare Research and Quality, makes every effort to have accurate information presented. The information provided in this program is intended for educational purposes only.

The EC is not responsible for how the information in the patient decision aid program is used—that is, no warranty or liability is offered. Links are provided to other Internet sites only for the ease of users and does not constitute an endorsement. Once the user links to another site, he or she is subject to that site's terms and conditions.

All medical decisions should be made in consultation with a health care professional.

Acknowledgement of Support

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Production Release Date and Updating Policy

The release of this patient decision aid is scheduled for March 9, 2016.

The decision aid and toolkit will be updated when the U.S. Preventive Services Task Force updates its recommendation about lung cancer screening or when the Centers for Medicare & Medicaid Services issues a change to the beneficiary eligibility criteria for lung cancer screening.

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Development Team – Disclosure

The content and design of the updated patient decision aid, *Is Lung Cancer Screening Right for Me? A Decision Aid for People Considering Lung Cancer Screening With Low-Dose Computed Tomography*, was developed by a team of experts at The John M. Eisenberg Center for Clinical Decisions and Communications Science at Baylor College of Medicine in collaboration with a subcontracted team of experts at the University of Texas MD Anderson Cancer Center (Houston, Texas). Expertise across teams included lung cancer treatment and medical decisionmaking.

The Agency for Healthcare Research and Quality must assure balance, independence, objectivity, and scientific rigor in all of its sponsored educational activities and programs. Thus, all individuals who participate in sponsored activities, including members of expert content committees, are expected to disclose any significant relationships that may pose a conflict with the principles of balance and independence.

Disclosure: Nothing to disclose.

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